

## Louisiana Department of Health

### Teleworking Agreement

Employee Name (Last, First, MI)	Personnel Number
Job Title	Primary Work Location
Employee's most recent PPR Rating	Employee's Anniversary Date

### Section 1: Work Locations

Main Office Workplace Primary Work Site		Telecommuting Location Or Alternate Work Site	
Section		Designated Area	
Address		Address	
City, State Zip		City, State Zip	
Phone Number(s)		Phone Number(s)	
Email Address		Email Address	

### Section 2: Work Schedules

Indicate Hours and Location (T=Telecommute or A=Agency)

Week #1	Work Hours	Lunch Period	Location (Tor A)		Week #2	Work Hours	Lunch Period	Location (Tor A)
Monday					Monday			
Tuesday					Tuesday			
Wednesday					Wednesday			
Thursday					Thursday			
Friday					Friday			
Saturday					Saturday			
Sunday					Sunday			

Time and attendance will be tracked in the same manner as at the primary work site. In the event that time and attendance cannot be submitted electronically, the employee may have to report to the primary worksite at the end of each pay period to submit any required documentation.

### Section 3: LDH Assets

LDH assets to be used at the employee's residence or other approved alternate work location. (Check applicable items and provide property control tag and/or serial numbers where applicable.)			
	Asset Name	State Tag Number	Serial Number
<input type="checkbox"/>	Laptop		
<input type="checkbox"/>	Monitor #1		
<input type="checkbox"/>	Monitor #2		
<input type="checkbox"/>	CPU		
<input type="checkbox"/>	Keyboard		
<input type="checkbox"/>	Mouse		
<input type="checkbox"/>	Docking Station		
<input type="checkbox"/>	Speakers		
<input type="checkbox"/>	Headset		
<input type="checkbox"/>	Power Strip		
<input type="checkbox"/>	Cell Phone/Blackberry		
<input type="checkbox"/>	In-house Phone		
<input type="checkbox"/>	Printer		
<input type="checkbox"/>	Shredder		
<input type="checkbox"/>	Other		

### Section 4: Work Procedures

1. List LDH or other information systems and software to be accessed from employee's residence or alternate work site:
2. Job duties/tasks to be performed away from primary work site; specify any assigned job duties that cannot be performed away from the primary work site:
3. Describe manner and frequency of communication, availability for telephone, e-mail contact, FAX, etc:
4. Describe how productivity will be monitored or list the performance indicators that will be evaluated:
5. Comments on employee's characteristics, prior work performance, attendance and absenteeism, etc:
6. Additional Comments

## Section 5: Telework Approval Workflow

Please check an option below	
<input type="checkbox"/>	I have reviewed the telework policy and all items on the checklist are complete. This is an initial request to become a teleworker.
<input type="checkbox"/>	I am submitting changes to my currently approved telework agreement.

For Use by Management Only			
To be completed by Immediate Supervisor			
Supervisor Signature:		Date:	
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
If denied, provide explanation:			
To Be completed by Appointing Authority			
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
If denied, provide explanation:			

## Section 6: Terms of Agreement

This agreement shall become effective as of the date below.

### Provisions for Cancellation of Agreement

Employee's participation as a telecommuter is available only as long as Employee is deemed eligible at the Department of Health and Hospital's sole discretion. Telecommuting at an alternate work location is not an entitlement or a benefit of employment. LDH may cancel Employee's participation as a telecommuter, with or without cause, upon reasonable notice thereof, in writing, to the other. The Department of Health and Hospital will not be held responsible for costs, damages, or losses resulting from cessation of participation as a telecommuter. This agreement is not a contract of employment and may not be construed as one.

I have read and understand this Agreement and the Telecommuting Policy and agree to abide by and operate in accordance with the terms and conditions described in both documents. I agree that the sole purpose of this agreement is to regulate telecommuting and that it does not constitute an employment contract or an amendment to any existing contract and may be cancelled at any time. I agree that, among other things, I am responsible for adhering to any agreed-upon work schedule, maintaining communication protocol, furnishing and maintaining my alternate work site in a safe manner, employing appropriate security measures, proper maintenance of LDH equipment and protecting LDH and state assets, information and systems. I am also responsible for any damages to LDH equipment resulting from gross negligence, damages or loss to my personal equipment, cost of local and long-distance phone calls.

### **LDH's Right to Monitor Work Product and Inspect Alternate Work Site**

As a condition of this telecommuting agreement, I acknowledge and agree to allow the LDH to the monitoring of my email, electronic review of my work, unannounced visits or inspections at my alternate work site during normal business hours, and/or any other method used to adequately document and judge my work product and performance.

**I have read and understand this agreement, along with the Telework Policy. I will also familiarize myself with all other LDH and Civil Service policies, rules, procedures, protocols, etc... as it relates to LDH employees.**

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Work Agreement Effective Date

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Work Agreement Ending Date

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Employee's Signature

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Date

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Supervisor's Signature

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Date

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Appointing Authority's Signature

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Date

A copy of the Telecommuting Work Agreement must be provided to the employee and the LDH Division of Human Resources. Any subsequent revisions of the agreement must also be provided to these parties.